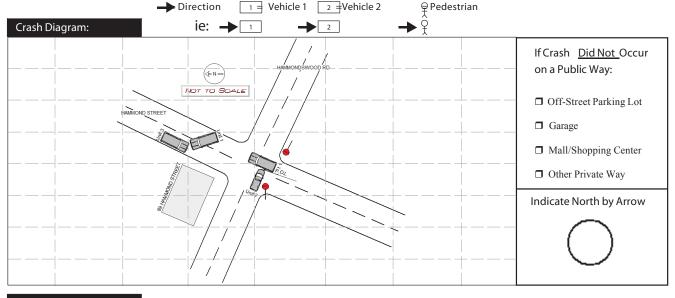
	Poli	ce Use Only		Commo	nwealt	h o	f Mass	ach	use	tts			RMV	V Docu	ıment	Number	
	Date of Crash 09/08/2021	Time of Crash 10:55	NEWTON	own <b>N</b>	Iotor V		cle Cra Report	ash			Number Injured	Latit	d Limi ude gitude_		Sta Lo MI	nte Police cal Police BTA Police her:	XI O
		AT INTER	SECTION:			CAT		>	3		NOT						
	on										1101		(			0111	2
1	$\frac{\text{NOR}}{\text{Route#}} \frac{\text{NOR}}{\text{Direc}}$		Name o	of Roadway/Street		$ \frac{1}{R}$	oute# Direct	ion A	Address	#		Nar	ne of R	Roadwa	y/Stree	et	
1	EAST HAMMONDSWOOD RD						Feet NSEW of • or									2	
	Route# Direct	· 		ing Roadway/Street		_ <u> </u> -	reet	МВП	2 W 0	1 —	Mile M	larker		or	Ex	it Number	_
				ersection with		_ -	Feet	N S I	<b>W</b> 0		Route#	I	ntersec	ting Ro	adway	/Street	-
2 <b>1</b>	l					_ -	Feet [	N S I	E W o					8			3
3	Route# Direction Name of Intersecting Roadway/Street						Landmark										
	XVehicle1	#Occupants	Hit/Rur	Moped	Case Nu	mber		:	210000	0676							
	License#		St_M		I	Reg# 1	GGH16				Reg Ty	oe_PAN	1	Re	g State		
	Sex_F Lic.	Class D 18 1	Lic. Restriction			Veh Yea	ar_2019	V	eh Mal	ce_SUE	BARU			Veh C	onfig.	2 20	
<sup>4</sup> 2	Operator DR		COURTNEY	Endors	sment (	Owner _	(Same as ope	erator)			First			Midd	lle		- 1
	Address 68 GI	LENWOOD RD					8										- H
	City SOMERY			tate MA Zip 0214		City											
	Insurance Company GOVERNMENT EMPLOYEE INSURANCE COMPAN						1									ee)	
5 <b>1</b>	Vehicle Travel	Direction:	S E W Res	sponding to Emerger	ncy?_NI	Event S	equence 1	22 1		22	22 0		3		4	0111	
	`	ssued)				Most H	armful Event	1	23	1	24 (1)	←	9			0 Undercarr 1 Totaled	nage
<sup>6</sup> 1	1			n 2: ChSec			Contributing C		1				/   O	)	6		
1				n 4: ChSec upants involved		Jnderri	de/Override	1	1	Fowed 27		30			33		
	Name (Last Fir		ator and an occ	Addr			Age/DOB	Sex	Pos. S	system S	28 Airba tatus Switc	g Eject h Code	Trap Code	32 Injury Status	ransp. Code	Medical Facili	1 1
	Operator			See Ab	oove					1 4	99	0	0	8	2	NEWTON WELLES	SLEY HO
												-					
<sup>7</sup> <b>2</b>	Please Select C of the Followi	I X Vehicle	2 <u>1</u> #Occupa	nts Non-Moto	rist A Type	14	Action	15 Lo	cation	16	Condi	tion	17	□ <sup>,</sup>	lit/Rur	Мор	ed
	License#		St N		I	Reg# V	29325				Reg Ty	oe_COI	N	Re	g State	MA 20	_ ]
	Sex_M_ Lic.		Lic. Restriction	ons 19 CDL Endors		Veh Yea	ar_2019	V	eh Mal	ce_TO	YOTA			Veh C	onfig.	2	
8 <b>1</b>	Operator CIN	Last	MICHAEL First	Midd	(	Owner _	(Same as ope	erator)			First			Midd	lle		-
	Address 26 JU					Address	3										-
	City ROSLIN			tate MA Zip 0213		City							_State		_Zip		-
	Insurance Com	pany EMPIRE F	IRE AND MAR	INE INSURANCE (	CO ,	Vehicle	Action Prior t		ناح	21 22		amageo	d Area	Code:	(Circle	e Up to Thre	ee)
	Vehicle Travel	Direction: N	S X W	esponding to Emerge	ncy?N I	Event S	equence 1			22	22 2		$\vec{\Box}$	$\overline{A}$		0 Undercarr	riage
	Citation # (If Issued)						Most Harmful Event 1 5 11 Totaled 5 11 Totaled										
	l			on 2: ChSec_		Driver Contributing Code 4											
				on 4: ChSec_		Inderri	de/Override		10	owed_	<u>N</u>	30	31	32	33		
	Name (Last Fi	rst Middle)	operator and a	Add	lress		Age/DOB	Sex	Pos.	System	Status Swit		Code	Injury I Status	ransp. Code	Medical Faci	lity
	Operator/	Non-Motorist		See Ab	ove					1 4	99	0	0	10	1		
								-					-		$\dashv$		

Poli Date of Crash	ce Use Only Time of Crash		Commonwea Motor		i Massa cle Cra		Number	Number		RMV d Limit		State Police	
09/08/2021	10:55	NEWTON			cie Cra Report	, 116	/ehicles	Injured 2		ude		State Police Local Police MBTA Police Other:	ce 🔲
	AT INTEL	RSECTION:		LOCAT		>	3					TION:	
Route# Direct	tion	Name of Roa	dway/Street		oute# Direction	n Add	ess #		Nan	ne of R	oadway/S	Street	
		At	Route# Direction         Address #         Name of Roadway/Street          Feet         N S E W of or         or										
Route# Direc	tion 1	Name of Intersecting Ro	nadway/Street	<u> </u>	Feet [	SEV	of -	Mile M	arker	— c	or	Exit Number	r
- Routen Bree	tion	Also at Intersecti		-	Feet N	N S E V	of	Route#		storgoot	ing Dood	way/Street	
					Feet [	N S E V	of	Koute#	11	nerseci	ilig Koau	way/street	
Route# Direc	tion	Name of Intersecting	g Roadway/Street							Lan	dmark		
XVehicle 3	#Occupants	Hit/Run	Moped Case	Number		210	0000676						
License#		St MA	DOB/Age	Reg#1	NTN27			Reg Ty	e PAN	1	Reg S	State MA	
Sex_F Lic. 0	18		B 19 CDL		ar 2019							20	0
Operator STE		HEIDI First	Endorsment	Owner	(Same as oper	ator)							
II .	ILBERT ROAL	)	wiiddie	Owner (Same as operator)  Last First Middle  Address									
City BELMON	NT	State_N	<u>AA</u> Zip <u>01478</u>								Z	ip	
Insurance Company SAFETY INSURANCE COMPANY					D 14 C 1 (C 1 II ( TI )								
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Citation # (If Is	ssued)			Most H	armful Event	1 23		1	←	9	/	10 Underca 5 11 Totaled	_
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	3: ChSe	Underri	de/Override	25	Towed	<u> </u>	1 20	,					
Please fill out for operator and all occupants involved Name (Last First Middle) Address											isp. le Medical Fac	cility	
Operator			See Above				- 1	1 99	0	0	8 2	NEWTON WEL	LLESLEY I
Please Select C of the Followin	Vehicle	e# Occupants	Non-Motorist A Ty	pe 14	Action 1	5 Locati	on	Condi	tion	17	Hit	/Run Mo	oped
License#	18	St	DOB/Age	Reg#_				_Reg Ty	ne		Reg State 20		
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Operator	Last	First	Middle	Owner	Las	ī.		First			Middle		
Address				Address	s								
City		State	Zip	City State Zip  Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)  Damaged Area Code: (Circle Up to Three)								1	
Insurance Com												nree)	
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		r operator and all occ		Chucili	ac, o verride	Sei		28 29 Airbag Airba	30 Eiect	31 Trap I	32 Tran	33	
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Орегатоп/			550 110010						+				
									+				
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## Crash Narrative:

The operator of MV1 (MA REG 1GGH16) stated she was traveling NB on Hammond Street when she approached the intersection of Hammondswood Rd. Upon approaching the intersection the operator of MV1 stated a vehicle entered the intersection from Hammondswood striking her rear driver's side door. After the initial impact the operator of MV1 lost control of her vehicle and it spun into oncoming traffic hitting MV3.

The operator of MV2 (MA CON V29325) stated he was traveling EB on Hammondswood Rd when he approached the intersection at Hammond St. Operator of MV2 stated he stopped at the intersection and waited to proceed when it was safe to do so. While crossing the intersection he observed MV1 traveling at a high rate of speed coming NB on Hammond St. Operator of MV2 stated the operator of MV1 swerved around his vehicle striking the front bumper and then spinning out of control.

(Continued or	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	‡	Statement
Property Damage:		•					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			35
Truck and Bus Information:			`	,	Carrier Issu	uing Authority Coo	35 de
			`				
Carrier Name			City		St	Zip	
Carrier Name			City		St	Zip	de
Carrier Name	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip	de
Carrier Name  Address  US DOT #:  Cargo Body Type Code  37  Gros	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip	de
Carrier Name	State Numbers Vehicle WeightReg Type	Reg State	City Issuing State Reg Year	ICC#: Tra	St	Zip Interstate	de

	→ Direction	1 =	Vehicle 1	2 = Vehicle 2	₽Pedest	rian		
Crash Diagram:	ie: →[	1	<b>→</b>	2	→ 🖟			
				<u> </u>			If Crash <u>Did N</u> on a Public Wa	
		_ _		<u> </u>	<u> </u>		☐ Off-Street Pa	rking Lot
							☐ Garage	
		į					☐ Mall/Shoppin	ng Center
				-			☐ Other Private	Way
		_ _					Indicate North	
		_		<u> </u>	<u> </u> 			(
							(	)
		_ _			<del> </del>			_
Crash Narrative:								
The operator of MV3 (MA	REG 1NTN27) sta	ated	she was	traveling SE	3 on Hammond	St appr	oaching the	
intersection at Hammond	swood Rd. Operat	tor o	of MV3 st	ated she obs	served the co	llision	of MV1 and MV2	but she did
not have enough time be	fore MV1 struck	her	vehicle.	Operator of	MV3 stated	she obs	erve the operato	r of MV2
fail to come to a compl	ete stop at the	Stop	Sign ca	using the ac	ccident.			
Medic 3, Medic 1, Ladde	r 3 and Engine 3	3 wei	re on sce	ene for the n	report of mul	tiple i	njuries. The ope	rator of
MV1 and MV3 were transp	orted to NWH wit	th so	ome minor	injuries. N	NV1 and MV3 s	ustaine	d heavy damage a	nd were
towed by Tody's. MV2 ha	d minor damage a	and c	did not r	require a tow	<i>i</i> .			
Witnesses:								
Name (Last, First, Middle)		F	Address				Phone #	Statement
Property Damage:						1		
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description	on of Damaged Property	'
Truck and Bus Information:  Carrier Name	Registration #				m Vehicle Section)		Carrier Issuing Authority	Code 35
Address				City			St Zip	
US DOT#:								36
27	Gross Vehicle Weight		8					
Trailer Reg #:	Reg Type		Reg State	Reg Y	earTı	ailer Length	39	
Hazmat Information:								
Placard 40 Material 1 d	igit # 41 Materia	l Name	e		Material 4	digit#	Release cod	de 42
MARK D HAGOPIAN					NEWTON POLICE DEPART	N.	09	/08/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)